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& PRESSER****OFFICIAL****Fax****To:** Examiner Hassan Mahmoudi
Art Unit: 2175**From:** Thomas Spinelli, Esq.**Fax:** (703) 746-7238**Pages:** 17**Phone:** (703) 305-4887**Date:** December 1, 2003**Re:** USSN: 09/739,475
Our Docket: US000349/16456**CC:**☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Acknowledge**


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1. Response Under 37 C.F.R. § 1.116
2. Transmittal W/Certificate of Facsimile in Dupl.

Applicant: Larry J. Eshelman, et al.
Serial No.: 09/739,475
For: CALENDAR SOFTWARE APPLICATION WITH PERSONAL AND
HISTORICAL DATA
Filed: December 18, 2000
Docket: US000349 (16456)
Dated: December 1, 2003
TS:cm

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. US000349 (16456)	
Applicant(s): Larry J. Eshelman, et al.					
Serial No. 09/739,475	Filing Date December 18, 2000	Examiner Hassan Mahmoudi		Group Art Unit 2175	
Invention: CALENDAR SOFTWARE APPLICATION WITH PERSONAL AND HISTORICAL DATA					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: December 1, 2003		
Thomas Spinelli Registration No.: 39,533 Scully, Scott, Murphy & Presser 400n Garden City Plaza Garden City, New York 11530 (516) 742-4343					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
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